

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

UNITED STATES OF AMERICA,

Plaintiff,

vs.

Case No. 18-20454

Hon. Stephen J. Murphy, III

LESLY POMPY,

Defendant.

/

**JURY TRIAL EXCERPTS: VOLUME 3**

BEFORE THE HONORABLE STEPHEN J. MURPHY, III  
United States District Judge  
Theodore Levin United States Courthouse  
231 West Lafayette Boulevard  
Detroit, Michigan 48226  
Tuesday, November 29, 2022

APPEARANCES:

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1 APPEARANCES: Continued

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5 Also Present:

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Senior Paralegal

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EXHIBITSIdentificationOfferedReceived

NONE

1 Detroit, Michigan

2 Tuesday, November 29, 2022

3 — — —

4 Excerpt 2:

5 (Proceedings in progress at 9:06 a.m., all parties  
6 present, jury present)

7 THE COURT: Ms. Nash is back here. You can come back  
8 up on the stand if you'd like. We'll take a break, then have  
9 our lunch around 11:15 or 11:30, and then finish the day after  
10 that, all right?

11 Okay. Mr. Pratt is here and ready to go.

12 MR. PRATT: All right.

13 J E N N I F E R N A S H

14 was recalled as a witness herein, and after being previously  
15 first duly sworn to tell the truth and nothing but the truth,  
16 resumed the stand and testified on her oath as follows:

17 DIRECT EXAMINATION CONTINUED

18 BY MR. PRATT:

19 Q. Good morning, Ms. Nash.

20 A. Good morning.

21 Q. All right. I think yesterday I was about to talk about  
22 one of those drugs, that Subsys drug. Do you remember that?

23 A. Yes.

24 Q. All right. What -- what was different about Subsys  
25 than -- than other drugs that you were aware of when you worked

1 for Dr. Pompy?

2 A. You were only allowed to be on Subsys and not a narcotic.

3 Q. Okay. Let me ask you this. Were there any people that  
4 you knew at the office were associated or worked with this drug  
5 Subsys?

6 A. Yes.

7 Q. All right. Who was -- who was that?

8 A. One was John Bae.

9 Q. And how do you -- and how do you spell Bae, if you know?

10 A. I think it's B-a-e if I'm not mistaken.

11 Q. Okay. John Bae.

12 And was there someone else who was with the Subsys  
13 company?

14 A. I believe her name is Darcy. I don't remember her last  
15 name.

16 Q. Okay. And so you knew these people that were with the  
17 company. What did they -- what did they do in the office when  
18 would they come there and what would they do?

19 A. They would do prior authorizations with me with the  
20 Subsys.

21 Q. Okay. So was -- and so explain to me what prior  
22 authorizations dealt with -- with -- specifically with Subsys.

23 A. You would have to have a prior authorization for the  
24 insurance to cover.

25 Q. Okay. What help, if any, did they give you?

1 A. Sometimes they filled it out and then I'd just send it in.

2 Q. Okay. Now, was there ever any issues or any concerns you  
3 have regarding whether the prior authorization was done  
4 correctly for Subsys patients?

5 A. I didn't question 'cuz I didn't know a whole lot about it.

6 Q. Okay. Let me ask you this. Did Dr. Pompy prescribe  
7 Subsys without trying other medications first?

8 A. On some occasions I do believe so.

9 Q. All right. And was -- what was the -- the prior  
10 authorization for that, did that reflect that or did -- was the  
11 prior authorization correct or incorrect?

12 A. The prior --

13 MR. DONNINI: Your Honor, she already said she  
14 doesn't know a whole lot about it.

15 MR. PRATT: I -- I still think I can ask her if she  
16 knows that, Your Honor.

17 THE COURT: I'll let her -- I'll let her -- let the  
18 government try to clear that up a little bit.

19 Go right ahead. You can answer if you remember the  
20 question.

21 A. Can you repeat the question please?

22 BY MR. PRATT:

23 Q. Yeah. The question was do you know if there was  
24 anything -- you know, you -- you talked about the prior  
25 authorizations, whether they were accurate or inaccurate. Were

1 some of them inaccurate regarding whether other drugs had been  
2 tried?

3 A. That I do not remember.

4 Q. Okay. And I know it's been some time. As a matter of  
5 fact, Ms. Nash, you were -- not only has it been a while, but  
6 you were interviewed I think about five years ago, I think it  
7 says on May 2nd, 2017, correct?

8 A. Correct.

9 Q. And -- and that wasn't just an interview. They  
10 actually -- actually recorded that interview, if you recall,  
11 correct?

12 A. Correct.

13 Q. All right. And you've had the opportunity to review a  
14 report which kind of summarizes that interview, correct?

15 A. Correct.

16 Q. All right. If I showed you a particular portion of that  
17 report, might it refresh your memory as to the particular point  
18 about Dr. Pompy and these -- trying these prior drugs?

19 A. Yes.

20 MR. PRATT: All right. Your Honor, may I approach  
21 the witness?

22 THE COURT: Yes, go right ahead.

23 MR. PRATT: Defense counsel, I'm looking at -- it's  
24 labeled at the bottom page 8 out of 10, and it's going to be  
25 the third -- I'm sorry --

1 THE COURT REPORTER: I can't hear you, Mr. Pratt.

2 MR. PRATT: I'm sorry. I'm -- I'm -- I'm thinking  
3 and walking. It's going to be the second paragraph on page 9  
4 out of 10.

5 (Brief pause)

6 BY MR. PRATT:

7 Q. Does that refresh your memory?

8 A. Yes.

9 Q. All right. And can you tell us then, were some of those  
10 prior authorizations incorrect about the trying other drugs?

11 A. I didn't do some of the prior authorizations. They were  
12 just given to me and I sent them in.

13 Q. All right. And when you sent them in, did they indicate  
14 that he'd tried prior drugs with everybody?

15 A. On some of them, no.

16 Q. All right. So those ones at least were inaccurate?

17 A. Correct.

18 Q. What -- these two representatives, Mr. Bae and Darcy, did  
19 they do anything for Dr. Pompy, did they provide him --  
20 anything for him or anyone else in the office?

21 A. Other than just provided food and -- on certain days.

22 Q. Okay. Where did they -- where did they work when they  
23 were at the office?

24 A. They worked across from the desk.

25 Q. Okay. What kind of facility was that, what kind of space



1 were they given?

2 A. I think they had their own little desk across from where  
3 the patients sign in.

4 Q. Okay.

5 THE COURT REPORTER: Ms. Nash, you can back away from  
6 that. Thank you.

7 THE WITNESS: Okay.

8 Q. All right. I want to talk about -- I know we spent -- I  
9 know we spent a while talking about medical records, but  
10 unfortunately I'm going to talk about medical records some  
11 more, okay?

12 Tell us a little bit, what I -- one of the things I  
13 want to talk about or have you explain to us is -- is the  
14 accuracy of the medical records. Can you tell us -- I know you  
15 explained a lot about what they were looked at and what was  
16 created, but tell us what procedures, if any, Dr. Pompy had to  
17 make sure what ended up in the patient chart was accurate.

18 A. As we did the information for the patients, he would  
19 sometimes check the records. He would come over to my computer  
20 and check the records, make sure everything was correct.

21 Q. Okay. And I want to get a sense, did he -- did he sign  
22 off or approve your record -- every record for every patient?

23 A. Not that I'm aware of.

24 Q. Okay. So you say sometime. When you say sometimes,  
25 sometimes is a pretty vague word. How often would he check

1 your records, that's what you can testify to, as to see whether  
2 or not they were accurate?

3 A. He hardly ever looked at our records. We put all the  
4 information in the computer, so whether he went back and  
5 checked on the records when he was in his office, I'm unaware.

6 Q. Okay. And I think I want to raise the question of --  
7 so -- so it's mostly on the medical assistant then, correct?

8 A. Correct.

9 Q. So these medical records are in a sense -- they're not --  
10 they're not created by Dr. Pompy, they're created by the  
11 medical assistant?

12 A. Correct.

13 Q. All right. I want to ask you about things like -- I'm  
14 going to use the word cutting or pasting, but it's basically  
15 copying or carrying over, you know, from a previous record,  
16 okay? Was that something that was technologically possible on  
17 this system, could you do that if you wanted to?

18 A. I'm not remembering if you could correct -- or if you  
19 could copy and paste or not.

20 Q. Okay. Let me ask you, was that part of the stand --  
21 that -- then was that part of the standard protocol that you  
22 did or did you do everything by -- do everything from scratch?

23 MR. DONNINI: Your Honor, again she said, "I don't  
24 remember," and now he's asking her a question about something  
25 she doesn't remember.

1 MR. PRATT: I'm asking if she did her records from  
2 scratch, Your Honor, and I think that's a new question.

3 THE COURT: Agree. That's overruled. Go ahead and  
4 answer if you can, witness.

5 A. I just inputted what was on the patient's records.

6 BY MR. PRATT:

7 Q. Okay. I'm going to show you -- and I think we have  
8 already admitted this, and this is not your patient record but  
9 it's Government's Exhibit 15.

10 MR. PRATT: If you could please, Ms. Ouellette, pull  
11 up Government 15, which for the record is the chart of Michelle  
12 Bunker, and which page you already knew, page -- page 781.

13 Okay.

14 BY MR. PRATT:

15 Q. And so if we can indicate at the top what date -- what  
16 date -- for the record, what date this is.

17 A. Looks like Sunday, October 2nd, 2016.

18 Q. That's -- that's not -- that's not the visit date.

19 A. Oh, I'm sorry. 8-4-2016.

20 Q. Okay. And you're familiar with this. This is -- this is  
21 the -- this is the patient chart that gets generated, correct?

22 A. Correct.

23 Q. All right.

24 MR. PRATT: And so I want to go down to the  
25 subjective part, if you could highlight that.

1 BY MR. PRATT:

2 Q. I know you can read it but the rest of us can't 'cuz  
3 you're closer to your screen, okay?

4 MR. DONNINI: Your Honor, I apologize, but can we  
5 just confirm that this witness -- first of all, this witness --  
6 the question was she didn't deal with this patient, so that's  
7 number one.

8 But number two, I'm not even sure she was employed as  
9 of this time. She may have been. She left in August of '16,  
10 so was she even there?

11 THE COURT: Well, you can question her on that when  
12 you cross-examine her, but this is -- the -- the record is in  
13 evidence and the government lawyer can question her about it to  
14 the extent of her knowledge of what's in there.

15 So I don't know if you want to note that or not, Mr.  
16 Pratt, but -- but -- but go right ahead.

17 MR. PRATT: That's fine.

18 BY MR. PRATT:

19 Q. So when we're dealing with a subjective part, it's got a  
20 couple initials there. Do you know what those stand for, the  
21 CC/HPI?

22 A. Continuous care.

23 Q. All right. Essentially can you tell us what -- when you  
24 create records, what you put in here under "Subjective Notes,"  
25 what are you supposed to put in here?

1 A. This is what the patient fills out on their paperwork and  
2 it states what their pain is, so it's -- it's everything that  
3 they fill out that we put in here.

4 Q. All right. And you're supposed to put in what was going  
5 on that particular day, correct?

6 A. Correct.

7 Q. 'Cuz it's subjective as to that day?

8 A. Correct.

9 Q. All right. All right. And I'm not -- so it has the pain  
10 level. You don't have to read the whole thing. I would note,  
11 I wanted to -- all right. I want to go -- point to -- and  
12 again, nobody gets graded on typing, but I want to go to the  
13 very last line of this. It's a little bit of a -- little bit  
14 of typo there at the bottom. You have a period on "medication"  
15 and then there's not a capital P on "patient." You see that?

16 A. Correct.

17 Q. And then if you could read that entire last sentence for  
18 the record.

19 A. "Patient states currently not employed an disabled since  
20 2006."

21 Q. Instead of "and" it says "an disabled." That looks like  
22 another typo, doesn't it?

23 A. Yes.

24 Q. Okay. Fine. Nothing wrong with typos.

25 Let's go to -- let's go to the next visit for this

1 patient, patient record 793.

2 MR. PRATT: And Ms. Ouellette, if you could put both  
3 of those up at the same time.

4 BY MR. PRATT:

5 Q. All right. So if we can look on the right one and figure  
6 out what the date of this patient note is.

7 A. August 25th, 2016.

8 Q. Okay. So that's about 20 days later after the first one,  
9 correct?

10 A. Correct.

11 Q. All right. And on this -- on this date, the subjective  
12 record is supposed to indicate what the patient's condition was  
13 on this date, correct?

14 A. Correct.

15 Q. All right. Can we compare the two, the two Subjective  
16 Notes on the two dates and see whether or not there's any  
17 similarity between the two?

18 A. Looks like the same thing.

19 Q. It's the same thing. And that even includes the typo with  
20 the "patient" not being capitalized, correct?

21 A. Correct.

22 Q. And includes the typo with "and" being spelled without the  
23 d?

24 A. Correct.

25 Q. Okay. Now, I suppose if somebody copied it over in some

1 way, I suppose that's efficient if it's accurate, correct?

2 A. Yes.

3 Q. What if it's not accurate?

4 A. It's supposed to be from that day and how they were  
5 feeling.

6 Q. Okay. And is there a way we can check out and determine  
7 whether or not -- whether or not this was accurate?

8 A. It should have been different.

9 Q. It should have been different.

10 You know -- you know it's different 'cuz people don't  
11 have the same complaints --

12 A. Correct.

13 Q. -- day after day.

14 MR. PRATT: All right. Let's look at -- if you  
15 could go to Michelle Bunker's chart, the patient questionnaire  
16 from this day in 2000 -- at page 0262.

17 BY MR. PRATT:

18 Q. All right. And just so we're correct, let's look at the  
19 date at the top. We'll make sure we're talking about the right  
20 day.

21 A. August 25th, 2016.

22 Q. Same date, right? It's the second one.

23 A. Mm-hmm.

24 Q. All right.

25 MR. PRATT: And let's -- if you could pull up that

1 same paragraph from the previous -- from the same day, the  
2 patient record, and again highlight the subjective complaint.

3 BY MR. PRATT:

4 Q. Okay. And so that's what supposedly is happening for this  
5 patient today. It says the pain level is -- occurs  
6 continuously. Now, is there a part on the patient chart that's  
7 supposed to tell you whether the patient is claiming continuous  
8 pain?

9 A. Yes.

10 MR. PRATT: Can you highlight that portion, Ms.  
11 Ouellette?

12 BY MR. PRATT:

13 Q. All right. It's in the section "About Your Pain,"  
14 correct?

15 A. Correct.

16 Q. All right. And there's a place for that patient to  
17 indicate whether or not their pain was continuous, correct?

18 A. Correct.

19 MR. PRATT: Can you get lower?

20 BY MR. PRATT:

21 Q. And did the patient -- did Ms. Bunker on this date check  
22 that her pain was continuous?

23 A. She said it stayed the same.

24 Q. Yeah. But there's a place right below "stayed the same,"  
25 it says "continuous." That's not checked, is it?



1 A. No.

2 Q. So the patient chart is not correct when saying the  
3 patient claimed their pain was continuous, is it?

4 A. No.

5 Q. All right. How about -- how about in the Subjective Note,  
6 "pain is worse in the a.m. and the p.m.," there's a place for  
7 the patient to check whether or not that's true?

8 A. Yes.

9 Q. And are they checked in this chart?

10 A. No.

11 Q. And so the patient chart we have is not reflecting what  
12 the patient really was going on that day?

13 A. Correct.

14 Q. All right.

15 MR. PRATT: Let's -- let's go to the next page of the  
16 patient questionnaire, page 263, if you can pull that up, and  
17 if you can highlight and also continue to pull back up the --  
18 the original patient chart with that same paragraph.

19 BY MR. PRATT:

20 Q. Okay. And there's a section on the patient chart where  
21 the patient can indicate what makes their pain feel better,  
22 right?

23 A. Correct.

24 Q. And according to the official patient chart, let's see,  
25 "pain is alleviated by alcoholic drinks." Is that what the

1 patient actually said on that day?

2 A. No.

3 Q. How about sitting, did they say that made it feel better  
4 this day?

5 A. No.

6 Q. How about sexual activity?

7 A. Yes.

8 Q. But that's not in the -- that's not in the patient chart,  
9 is it?

10 A. No, it's not.

11 Q. And how about distractions and -- and hobbies? I'm sorry,  
12 we'll get down to the next question, the next section, "Coping  
13 Methods." According to the patient chart, coping methods are  
14 prayer, medication, correct?

15 A. Correct.

16 Q. Any mention of distraction of hobbies -- or hobbies in the  
17 patient chart?

18 A. Just hobbies and distractions.

19 Q. All right. But that's in what the patient said, that's  
20 not in what the -- what the visit note says.

21 A. Correct.

22 Q. All right. And so I guess what I'm saying -- asking you,  
23 you -- you're finding that there's a number of things where the  
24 copying basically did what here?

25 A. Copy and paste.

1 Q. All right. And -- and I want to go back to now page --  
2 the first page of this -- of the patient questionnaire, and  
3 right in the middle of the first section there's some  
4 handwritten that says "2A oxycodone."

5 A. Yes.

6 MR. PRATT: If you can highlight that.

7 BY MR. PRATT:

8 Q. All right. And what was the -- if you can remind us  
9 again, what does 2A oxycodone mean?

10 A. They had drug counseling for that.

11 Q. Ah. But what does the 2A part mean?

12 A. That I don't remember.

13 Q. All right. But was -- was that a drug -- was that a drug  
14 test result that was inconsistent?

15 A. Yes.

16 Q. So it was a problem.

17 All right. So I guess the question is -- understand  
18 that drug counseling is checked on the -- on here, but how do  
19 we know that drug counseling was actually done?

20 A. We don't.

21 Q. Because we're relying on -- drug counseling should --  
22 basically if there was a two-way problem, drug counseling  
23 should have been done?

24 A. Correct.

25 Q. But whether it happened or not we can't tell, can we?

1 MR. DONNINI: Your Honor, it's leading, it's asked  
2 and answered.

3 THE COURT: It is leading.

4 MR. PRATT: All right.

5 THE COURT: So I'll sustain it.

6 Go ahead and rephrase, Mr. Pratt.

7 BY MR. PRATT:

8 Q. All right. I guess the overall question is in terms of  
9 what actually happened in the -- in the patient meeting, in the  
10 patient encounter, what do we have to rely on?

11 A. Lies 'cuz there's some stuff that's not appropriate and  
12 it's not -- it's not true.

13 Q. Okay. I want to ask you a question and I want to continue  
14 talking about records. I think there is a -- do you recall an  
15 incident where patients would sometimes come back and it would  
16 be like three weeks before they were supposed to get drugs  
17 again?

18 A. Yes.

19 Q. All right. And what would happen when a patient came back  
20 three weeks early sometimes, I mean three weeks early, and was  
21 wanting their controlled drugs?

22 A. We would ask them why they were coming back early.

23 Q. All right. And --

24 MR. PRATT: Just a minute, Your Honor.

25 (Brief pause)

1 Q. And were those patients ever actually able to get their  
2 drugs early?

3 A. Some were, yes.

4 Q. All right. How did that happen that they were able to get  
5 their drugs early?

6 A. It depended on what they were -- if they were back for --  
7 like, if it was -- if there were stolen medications, if the  
8 prescription wasn't working.

9 Q. All right. I'm going to ask you again -- we have a report  
10 from your recorded interview, correct?

11 A. Yes.

12 Q. I'm going to ask you to look at page -- for the record,  
13 page 8 of 10, the third paragraph, and ask you to read it to  
14 yourself.

15 MR. DONNINI: Your Honor?

16 THE COURT: Yes.

17 MR. DONNINI: The testimony was that patients who  
18 were able to refill their prescriptions early were those few  
19 instances where they said the patient -- the prescription was  
20 stolen or not working.

21 THE COURT: Yeah.

22 MR. DONNINI: So I don't think there's any memory to  
23 refresh here, Your Honor.

24 MR. PRATT: Well, then -- then maybe I'm -- I'm still  
25 going to ask her whether she said something different, possibly

1 said something different on a different occasion, Your Honor,  
2 and that's what I'm asking her to review.

3 THE COURT: Okay. You can impeach or draw out the  
4 prior inconsistent statement, and I'll instruct the jury  
5 it's -- the prior inconsistent statement is being shown, being  
6 raised to show that prior testimony was different than the  
7 testimony on the stand, which is generally a matter of  
8 truthfulness, but I take it that Mr. Pratt also wants to lay a  
9 foundation to commit the defendant -- the witness to one set of  
10 facts or another.

11 So go right ahead if you'd like to do that, Mr.  
12 Pratt.

13 MR. DONNINI: Your Honor, may I ask that the -- the  
14 document be retrieved from the witness? The witness is reading  
15 the document during that whole colloquy.

16 THE COURT: That's probably appropriate. That's  
17 probably appropriate. Go ahead, Mr. Pratt.

18 BY MR. PRATT:

19 Q. All right. Now, when you were interviewed, were you asked  
20 questions or did you make a statement about people who came,  
21 were not due for another three weeks?

22 A. Yes.

23 Q. All right. And what did you -- do you recall what you  
24 said in the interview about the patient was not due for three  
25 weeks?

1 A. I do not recall.

2 Q. Okay. Did looking at that report refresh your memory as  
3 to what you said back then?

4 A. I didn't get to look at it 'cuz I was listening to you.

5 Q. Oh, you were listening to us. Okay.

6 MR. PRATT: I'm going to -- Your Honor, may I  
7 approach the witness?

8 THE COURT: Yes, of course. Yep, go right ahead.

9 BY MR. PRATT:

10 Q. It's the third paragraph, third paragraph.

11 THE COURT: So now the lawyer is confronting the  
12 witness with the prior -- with a prior statement to help  
13 refresh her recollection because she answered that she  
14 couldn't -- she couldn't recall, so she's going to look at that  
15 interview transcript and -- and see if that happens to remind  
16 her of what the answer to the question is. Don't read it but  
17 go ahead and let us know when you're ready, witness, please.

18 MR. DONNINI: Your Honor, while she's reading, can I  
19 make one point that I think is important?

20 THE COURT: Yes.

21 MR. DONNINI: That this statement is not her  
22 statement. This is a interview report created by the police --

23 THE COURT: That's true.

24 MR. DONNINI: -- that was recording what they  
25 believed to be the statements and it's only a summary; it's not

1 all of her testimony.

2 THE COURT: That's true, but if it helps her  
3 remember, it's fine, that's fine. Okay. Go right ahead.

4 A. Go ahead. What was your question?

5 BY MR. PRATT:

6 Q. Have you read that?

7 A. Yes.

8 Q. Does that refresh your memory as to what happened with  
9 these patients?

10 A. Yes.

11 Q. All right. What happened with the patient that would come  
12 back three weeks early?

13 MR. DONNINI: Your Honor, I'm fine with her keeping  
14 it there so we don't have to walk back and forth, but really  
15 should -- she shouldn't be reading from it. She needs to turn  
16 it over and put it down and testify based on her recollection.

17 THE COURT: Right. Don't -- don't read the record,  
18 but go ahead and answer the question from your own independent  
19 recollection now, witness. Go right ahead.

20 A. The prescriptions were filled.

21 BY MR. PRATT:

22 Q. Okay. Three weeks early?

23 A. Yes.

24 Q. And how were they able to be filled three weeks early,  
25 what did you have to do?



1 A. We had to alter the records.

2 Q. Okay. Who told you to alter the patients' records so that  
3 they could get their drugs three weeks early?

4 A. Dr. Pompy.

5 Q. All right. Did you -- did you have any kind of -- did you  
6 say anything about that, did you kind of question that or did  
7 you just do it?

8 A. I just did it 'cuz that was my job.

9 Q. Okay.

10 A. I just did what I was told.

11 Q. Okay. Are you familiar with something called a narcotics  
12 contract in the patient files?

13 A. Yes.

14 Q. All right. Did everyone have to have a narcotics  
15 contract?

16 A. Yes.

17 Q. All right. And I think if you remind me from yesterday,  
18 how many patients during the time you were there, the year you  
19 were there, were actually like dismissed and kicked out of the  
20 practice?

21 A. Two.

22 Q. Okay.

23 A. That I'm aware of.

24 Q. That you're aware of. Okay.

25 Did -- did the narcotics contract warn patients what

1       they could be kicked out for?

2       A.    I don't recall.

3       Q.    All right.

4               MR. PRATT: Well, could we put up please from  
5       Government Exhibit 1 the James Stewart patient file, page 35?

6       BY MR. PRATT:

7       Q.    Does this -- does this look like the narcotics -- or one  
8       of the narcotics agreements that they used?

9       A.    I believe so.

10      Q.    Okay.

11             MR. PRATT: And let's -- let's look at paragraph  
12      number 2, if you could highlight that, Ms. Ouellette, at the  
13      bottom, in the middle, paragraph 2.

14      BY MR. PRATT:

15      Q.    Okay. And for the record, can you tell us what the  
16      warning is if people get drugs from more than one doctor? You  
17      can go ahead and read that into the record.

18      A.    It says, "If it is found that I received a prescription  
19      for narcotic medication from someone other than Dr. Pompy, I  
20      may be discharged from Interventional Pain Management and any  
21      prescriptions for narcotic medication will be discontinued."

22      Q.    All right. Did you, in fact, have patients that got drugs  
23      from more than one doctor?

24      A.    Yes.

25      Q.    And were they discharged for that reason?

1 A. No.

2 Q. All right. Let's go to the next -- the paragraph number  
3 7, if you could high -- if you could read those -- read the  
4 warning in paragraph 7 for the record.

5 A. "I agree to take periodic drug tests for all the  
6 medications and drugs when Dr. Pompy orders them. I understand  
7 that if I test positive" --

8 THE COURT REPORTER: Wait, wait. Slow way down. "I  
9 understand that if I test positive..."

10 A. "I understand that if I test positive for illegal drugs, I  
11 will be put into a drug abuse program. If I refuse testing, I  
12 will be discharged from Interventional Pain Management and any  
13 prescriptions for narcotic medication will be discontinued."

14 Q. All right. That part about if you test positive for  
15 illegal drugs you'll be put in a drug abuse program, did that  
16 happen for everybody?

17 A. No.

18 Q. Some people tested positive for drugs and what happened to  
19 them?

20 A. They were just -- still got their medications.

21 Q. Okay. Let's go to number 8, if you can read for the  
22 record what the warning is there.

23 A. "I know what illegal drugs are and will not use any  
24 illegal drugs. I know if I do, I may be discharged from my  
25 health plan."

1 Q. Okay. And again, were people who tested positive for  
2 illegal drugs, were they discharged?

3 A. No.

4 Q. All right.

5 MR. PRATT: And then if we could go to the next page  
6 of this, Ms. Ouellette, page 36. Lower than that, the bullet  
7 part.

8 BY MR. PRATT:

9 Q. Okay. Could you read the bullet part for the record?

10 A. "I understand that I could be dismissed from  
11 Interventional Pain Management if I do not follow the  
12 agreements in this contract."

13 Q. All right. And was that enforced as to all but those two  
14 patients?

15 A. No.

16 Q. Okay. The -- did you ever observe anything about  
17 patients -- did Dr. Pompy ever obtain controlled substances  
18 from patients?

19 A. Just during the pill count.

20 Q. Okay. And then he would give it back to them, correct?

21 A. Sometimes, unless it was just a recently filled  
22 prescription and they were asking for something else.

23 Q. Ah. And explain about that. So those circumstances where  
24 he would actually keep the patient's prescription, correct?

25 A. Correct.

1 Q. All right. If you know, what did he do with the drugs  
2 that he was taking back from the patients or keeping from the  
3 patients?

4 A. I am unaware.

5 Q. Do you know where he put it?

6 A. No, I do not.

7 Q. Okay. All right. And if you -- if you made a prior  
8 statement in your interview that indicated you did know where  
9 he put them, would that refresh your memory on this matter?

10 A. Yes.

11 Q. Do you have that in front of you?

12 A. I do.

13 Q. If you could look at -- if you could look at page -- and  
14 the pages, we have the pages at the bottom, if you could look  
15 at page 9, paragraph 6.

16 A. It says he put them in his office.

17 Q. And are you remembering that now?

18 A. Yes.

19 Q. It refreshed your memory?

20 A. Correct.

21 Q. All right. I appreciate that.

22 We talked a little bit yesterday about the Suboxone  
23 patients, the ones that were -- or Zubsolv, the ones that were  
24 there for addiction treatment. Do you remember that?

25 A. Yes.

1 Q. And we talked about -- we talked about being over a limit,  
2 which you did not know that number. But were you able -- can  
3 you tell us how many patients you think he had at that time in  
4 the treatment program?

5 A. I would say probably about 95 percent. I'm not quite  
6 accurate on the numbers.

7 Q. All right. And -- and I'm going to ask you again, I know  
8 you gave the interview more than five years ago, but do you  
9 recall if you gave them a specific number of those patients  
10 back then?

11 A. I don't remember. I don't recall.

12 Q. All right. Would looking at the report refresh your  
13 memory on that?

14 A. Yes.

15 Q. All right. If you'd look at page 10, the second  
16 paragraph.

17 A. It says 300 patients.

18 Q. And is that your recollection, that refreshes your  
19 recollection?

20 A. Yes.

21 Q. All right. And again, I realize that was -- that was  
22 within a year of the events so your memory was a lot fresher  
23 then?

24 A. Yes.

25 Q. All right. I want to talk a little bit about referrals.

1 Did Dr. Pompy make any referral -- any of his patients, his  
2 pain patients, any referrals to do other things?

3 A. Not that I'm aware of.

4 Q. Okay. What did he do at his other office for those  
5 patients?

6 A. He did pain blocks.

7 Q. All right. And did you work over at the other office?

8 A. I was -- only worked there one day.

9 Q. One day. All right.

10 But what was your -- if you know, from that one day,  
11 what went on with the patients over there?

12 A. He was just doing pain blocks to help alleviate their  
13 pain.

14 Q. Okay. All right. Did -- as to -- and I know this may  
15 be -- you know, may be a silly question but I'm going to ask it  
16 anyway. Who was the boss of the practice?

17 A. Dr. Pompy was.

18 Q. Was there any other doctor who worked there? Was there  
19 any other medical doctor who worked in the practice and saw  
20 patients?

21 A. There was one but I don't recall what his name was.

22 Q. Okay.

23 A. But he was -- I think he was like a trainee I think.

24 Q. Ah. Okay. Who -- who ran -- who ran the office?

25 A. Dr. Pompy did.

1 Q. And that was -- was that true of both locations, the --

2 A. Diana ran the one at the hospital.

3 Q. Okay. When I say ran it, I'm talking about the overall  
4 boss.

5 A. It was Dr. Pompy.

6 Q. Okay. And so it would be fair to say that he -- he used  
7 both offices?

8 A. Yes.

9 Q. And when I say maintain them, I don't mean he did the  
10 janitorial work, but basically he was responsible for if  
11 anything went wrong or anything needed to be ordered?

12 A. Yes.

13 Q. Okay. Did Dr. Pompy treat -- treat any employees for  
14 their medical issues?

15 A. Yes.

16 Q. All right. If you know, did he provide controlled  
17 substances to some of his employees?

18 A. Yes.

19 Q. All right. Did -- as someone who had access to the  
20 patient portal, not saying you did, but if you wanted to, would  
21 you have had access to the employees' patient files?

22 A. Yes.

23 Q. All of them?

24 A. Not all of them.

25 Q. Why not?



1 A. A couple of them were locked.

2 Q. And what do you mean by locked?

3 A. They were locked so no one could get the information or  
4 see any information.

5 Q. All right. Do you recall the names of the jobs of any of  
6 the employees whose patient files were locked?

7 A. Diana.

8 Q. Diana. And what was her last name?

9 A. Knight.

10 Q. Okay. And her position again was what?

11 A. Office manager.

12 Q. All right. Did Dr. Pompy ever say anything to you to  
13 indicate he had some kind of concern or belief he was being  
14 investigated?

15 A. Yes.

16 Q. Tell me what happened.

17 A. We had a patient in our office one day, and after the  
18 patient left he closed the door, he said, "Now you know what an  
19 undercover cop looks like."

20 Q. I'm sorry, you spoke a little too fast for me. He said  
21 what?

22 A. He said, "Now you know what an undercover cop looks like."

23 Q. And can you express, can you tell us, you know, what his  
24 attitude was about that? Was he joking, was he serious, was he  
25 concerned, what was his --

1 A. He was serious and concerned.

2 Q. He was -- pardon?

3 A. Serious and concerned.

4 Q. All right. 'Cuz he believed what?

5 A. He thought he was being looked after.

6 Q. How did your employment at Dr. Pompy's office end?

7 A. I had quit two weeks prior to him getting busted.

8 Q. Okay. So that would have been in approximately what,  
9 August or September?

10 A. August.

11 Q. Of which year?

12 A. 2016.

13 Q. All right. Why did you quit?

14 A. 'Cuz I knew there was things that were not right so I  
15 quit.

16 Q. Okay. Did you have any kind of personal grudge or  
17 animosity toward Judge Pompy, towards Dr. Pompy?

18 A. No, I did not.

19 Q. Has your testimony here been affected by any bad feelings  
20 you have toward him?

21 A. No.

22 Q. What happened -- what happened with your last paycheck  
23 that you were due and owing for your work?

24 A. I never received it.

25 Q. Okay. And why didn't you receive it?

1 A. I guess the government seized his money.

2 Q. And the government seized all the money.

3 As a matter of fact, you actually contacted the  
4 police about trying to get your money unfrozen from the  
5 government, right?

6 A. Correct.

7 Q. And -- and you did that.

8 And did -- did your money ever get unfrozen, did you  
9 ever get it, if you know?

10 A. No.

11 Q. All right. And do you hold a grudge against the  
12 government for messing up one of your paychecks?

13 A. No.

14 Q. Has that affected your testimony here today?

15 A. No.

16 Q. All right.

17 MR. PRATT: Thank you, Your Honor. I have no further  
18 questions from this witness.

19 (Excerpt 2 concluded at 9:45 a.m.)

20 — — —

21

22

23

24

25

1                   Excerpt 3:

2                   (Proceedings in progress at 10:53 a.m., all parties  
3                   present, jury present)

4                   THE COURT: We're back at it with our next government  
5                   witness. Mr. Pratt?

6                   MR. PRATT: Yes, Your Honor. The United States calls  
7                   Jeanette Beeler to the stand.

8                   THE COURT: Ms. Beeler, right this way. You can stay  
9                   right there.

10                                 J E A N E T T E    B E E L E R

11                   was called as a witness herein, and after being first duly  
12                   sworn to tell the truth and nothing but the truth, testified on  
13                   her oath as follows:

14                   THE WITNESS: I do.

15                   THE COURT: Very good. Have a seat. Relax if  
16                   possible. Speak toward the mic but don't get too close.

17                   And Mr. Pratt, you go right ahead.

18                                 D I R E C T   E X A M I N A T I O N

19                   BY MR. PRATT:

20                   Q. Good morning, Ms. Beeler.

21                   A. Good morning.

22                   Q. How are you feeling?

23                   A. Nervous.

24                   Q. Okay. Tell us a little bit -- first can you begin by  
25                   spelling your full name for the court reporter?

1 A. J-e-a-n-e-t-t-e B-e-e-l-e-r.

2 Q. Now, Ms. Beeler, can you tell us a little bit about  
3 yourself such as where you were born and raised?

4 A. I was born in Monroe, Michigan and was raised there. I  
5 still reside there.

6 Q. Okay. Tell us about your educational background starting  
7 with high school.

8 A. I graduated from Monroe High School in 1983 and I  
9 graduated from Everest Institute in 2006.

10 THE COURT REPORTER: I'm sorry, which institute?

11 THE WITNESS: Everest Institute.

12 THE COURT REPORTER: Okay. Thank you.

13 Q. Okay. And what is -- what is Everest Institute or what --  
14 what is or was Everest Institute?

15 A. A medical training facility. They train medical  
16 assistants, medical --

17 Q. Okay. And where -- where -- where did you get your  
18 medical assistant training?

19 A. In Dearborn, Michigan.

20 Q. All right. What -- tell -- describe a little bit what  
21 that program was like. How long was it, what did it -- was --  
22 was it all book work, did it have hands-on work? How did you  
23 become trained to be a medical assistant?

24 A. It was a year program. I did both clinical and book work  
25 and hands-on.

1 Q. Okay. And at the end of it they gave -- you got what?

2 A. I got a diploma as a medical assistant.

3 Q. Okay. Now, has your -- has your work history been  
4 entirely -- you have training in the medical field 2006. Is  
5 that your entire -- have you worked your entire career in the  
6 medical field or have you worked in other places besides the  
7 medical field?

8 A. No, I -- besides working as a medical assistant I've also  
9 worked in retail. I was also a bartender for years.

10 Q. Okay. Did -- at some point in -- in your employment  
11 history did you work for Dr. Lesly Pompy?

12 A. Yes, I did.

13 Q. And when was that, if you recall?

14 A. That was in 2016.

15 Q. All right. Do you recall what month you started?

16 A. I started in June.

17 Q. Okay. And how long did you work there?

18 A. From June till September 26th of 2016.

19 Q. And you remember December -- September 26th of 2016  
20 because of what?

21 A. Because of the raid on the office.

22 Q. All right. And when you say Dr. Pompy, you can identify  
23 him in the court -- the -- the -- Dr. Pompy in the courtroom  
24 here?

25 A. Yes.

1 Q. Can you identify him and point him --

2 A. Yes, I can.

3 Q. Just tell us what he's wearing.

4 A. Dark suit, glasses, tie.

5 Q. Okay. You know him well basically?

6 A. Yes.

7 Q. All right. Tell us a little bit about how you -- how you  
8 got out -- how you found out about the job working as a medical  
9 assistant for Dr. Pompy.

10 A. A friend of mine, Angela Kaweck, had told me about the  
11 position.

12 Q. Okay. What did you do to interview or apply for the job?

13 A. I came in, I filled out an application, I interviewed with  
14 Diana Knight and she had me wait, and then Dr. Pompy come in  
15 and talked to me and I was hired.

16 Q. Okay. You were hired the same day you went in, same day  
17 you interviewed?

18 A. Yeah.

19 Q. Okay. Tell us a little bit about your -- your work hours  
20 and duties there.

21 A. We were working three days a week, 12 to 16 hours a day.

22 Q. So that's pretty long hours. How -- how early and how --  
23 how early would you start and how late would you go?

24 A. 6:00 in the morning till about 11:00 at night.

25 Q. That would be the 16-hour days?

1 A. Yes.

2 Q. How about if it was a 12-hour day?

3 A. It would be 6:00 in the morning till 6:00 at night.

4 Q. Okay. Do you recall which three days a week you worked  
5 typically?

6 A. I do recall I worked Monday. The other days I'm not  
7 really sure.

8 Q. All right. All right. That's fine. Can you -- you  
9 mentioned -- you mentioned I think Diana Knight. What was her  
10 position in the office?

11 A. She was office manager.

12 Q. All right. Describe -- describe what your duties were as  
13 a medical assistant when you worked in Dr. Pompy's office.

14 A. I would go to the front desk, grab an intake form, call  
15 the patient back, I would do their vitals, blood pressure,  
16 temperature, height, weight, and then take them into the room  
17 that I was working in.

18 Q. Okay. And what you're calling an intake form, can you  
19 describe that to us? Would that be something that the patient  
20 fills out?

21 A. Yes, they would fill it out with their name, their birth  
22 date, their different information, medical information about  
23 themselves.

24 Q. Okay. What -- what would you do if -- what would you do  
25 then with that questionnaire or intake form?



1 A. It would be entered into the computer system.

2 Q. And how would you do that?

3 A. I would sit down, sign in and pull up their information by  
4 their name.

5 Q. All right. And you would make -- would you create an  
6 additional document to the -- to this intake form or  
7 questionnaire then?

8 A. If they were there for procedures, we would create that  
9 document. If they were there for a prescription refill, that  
10 document would be created --

11 Q. All right.

12 A. -- at that time.

13 Q. And on the -- on the intake form or questionnaire, the  
14 patient could tell you basically what they were there for,  
15 correct?

16 A. Yes, that is correct.

17 Q. And most of the time most of the patients you saw, what --  
18 which box would they check?

19 A. Prescriptions.

20 Q. Okay. Tell us about the volume of patients that you saw  
21 when you worked at Dr. Pompy's office. How many patients a day  
22 would come through?

23 A. 150 to 250, if not more.

24 Q. Okay. How -- how crowded did that make the office?

25 A. The waiting room was overcrowded. People were sitting in

1 the hallway, standing in the hallway.

2 Q. Was that just occasional or is this just the way it always  
3 was?

4 A. It was the way it always was.

5 Q. Okay. How about the -- did the patients have appointment  
6 times?

7 A. Yes, they did.

8 Q. All right. How long did they have to wait for their  
9 appointments?

10 A. Some patients would have to wait 45 minutes, if not  
11 longer.

12 Q. Okay. And again, was that -- was that a routine thing or  
13 only now and then that they had to have long waits?

14 A. It was all the time.

15 Q. Okay. You -- were you the only medical assistant that  
16 would work there on a day?

17 A. No.

18 Q. How many other medical assistants would be there helping  
19 with the employees?

20 A. I would say at least 13.

21 Q. Okay. How -- where did the -- you said you'd take the  
22 patient back. Where would you take the patient back if you  
23 were going to be their medical assistant for that visit?

24 A. I would take them into an exam room.

25 Q. Okay. Do you know approximately how many exam rooms Dr.

1 Pompy had in his office?

2 A. I would say ten.

3 Q. Okay. All right. Were you assigned one in particular or  
4 were you -- did you just sort of take one that was open?

5 A. I was in the one next to the copy room, copy machines.

6 Q. Okay.

7 MR. PRATT: Ms. Ouellette, can we put Government's  
8 Exhibit 130 up?

9 BY MR. PRATT:

10 Q. Can you identify this location in Government's  
11 Exhibit 130?

12 A. This is where -- past the front desk. It was down the  
13 area where they did billing.

14 Q. Okay. So you were familiar with that location in the  
15 office, correct?

16 A. Yes, that is correct.

17 Q. And tell us about the two computer screens. What are we  
18 seeing on the two computer screens?

19 A. On the one, the computer screen on the left, that was the  
20 appointment times and the numbers of patients.

21 Q. Okay. And let me ask you this. Were the patients -- were  
22 the patients often overbooked?

23 A. Yes, they were.

24 Q. And by overbooked, you mean what?

25 A. Four patients every 15 minutes.

1 Q. Okay. Meaning for the -- for the same time basically, the  
2 10:00 o'clock appointment?

3 A. Yes, that is correct.

4 Q. Okay. Are you familiar with the second computer or was  
5 that not involved with your duties?

6 A. That was not involved with -- with myself.

7 Q. Okay. I want to -- I want to direct your attention to a  
8 particular -- you said most of the patients were there for --  
9 for the pain medications, and I want to talk specifically about  
10 the -- the people there to renew or refill their pain  
11 medications. Can you describe -- obviously you had some  
12 interaction with them. Can you describe what typically  
13 happened with one of those patients when Dr. Pompy actually  
14 came in the room?

15 (Brief pause)

16 A. I don't recall. I'm sorry.

17 Q. You -- you need -- you need to breathe. You need to  
18 breathe. There's some water there.

19 MR. PRATT: Your Honor, might I approach the witness?

20 THE COURT: Mm-hmm.

21 MR. PRATT: We'll get rid of this one.

22 THE COURT: You okay physically, witness?

23 THE WITNESS: (No response)

24 BY MR. PRATT:

25 Q. All right, Ms. Beeler.

1 THE COURT: So the record should reflect Ms. -- Ms.  
2 Beeler had a moment of quiet. I didn't notice, but apparently  
3 she needed to take a breath and -- and -- and get a drink,  
4 correct? Are you feeling all right, witness?

5 THE WITNESS: Yes, I am.

6 THE COURT: All right. Okay. Go ahead, Mr. Pratt.

7 BY MR. PRATT:

8 Q. All right. Is this easy for you?

9 A. Mm-hmm, it is. I'm okay.

10 Q. Tell us about one of those typical visits where people  
11 would just be there for a refill, what would happen?

12 A. They would sit with us, me and the other girl that shared  
13 the office. We would have their -- either their test reports,  
14 their prescription or orders sitting on a table, and when Dr.  
15 Pompy would walk in he would shake their hands, sign the --  
16 sign the prescription, the test orders and walk out.

17 Q. Okay. And how long would it take him to do that  
18 typically?

19 A. Not even five minutes.

20 Q. All right. And this -- and just so we get some idea of  
21 the volume of the people you had, and I know percentage is a  
22 dangerous thing, but what percentage of the patients that you  
23 would see in a particular day would be that type of -- that  
24 type of refill patient?

25 A. I would say 90, 95 percent.

1 Q. Okay. And -- and that was -- was that day in and day out  
2 or did that vary, did that ever vary?

3 A. It was constant, it was consistent.

4 Q. Okay. I'm going to ask you some questions about some  
5 particular -- some particular incidents that you recall  
6 happening. Were there ever any patients that you saw that came  
7 for a refill that -- any early refill patients, people, in  
8 other words, that were not due for their medications?

9 A. Yes.

10 Q. All right. Do you recall that happening? How often would  
11 that happen?

12 A. On occasion it would happen.

13 Q. Okay. Was it a daily occurrence?

14 A. No, it was not.

15 Q. All right. Tell us what happened on occasions where  
16 patients came in too early for their refills.

17 A. When a patient would come in too early for their refills,  
18 we would have to go into their chart in the computer system and  
19 change the date of the last refill so that they could get their  
20 current refill.

21 Q. Okay. So you're altering -- when you say change the date  
22 of the previous prescription, you mean change the previous  
23 prescription to a -- to a date that wasn't accurate?

24 A. That's correct.

25 Q. And why did you -- did you do that?

1 A. I did on occasion.

2 Q. And why did you do that?

3 A. I was told to.

4 Q. And who told you to do that?

5 A. Dr. Pompy told us to.

6 Q. All right. What -- so you say "us." You're -- do you  
7 know by your own observation you weren't the only one that did  
8 this?

9 A. No, I wasn't. I shared an office.

10 Q. Okay. And you saw -- so you saw another MA do that as  
11 well?

12 A. Yes, I did.

13 Q. All right. Did you -- did you -- what did you say to Dr.  
14 Pompy when he told you to change -- change dates on the  
15 computer?

16 A. I told him that it shouldn't be done, that it would be  
17 telling a lie about when their prescription was due.

18 Q. And what was his response to you?

19 A. To do my job.

20 Q. Okay. You had worked -- had you worked in a doctor's  
21 office before you worked for Dr. Pompy?

22 A. Yes, I did.

23 Q. Did they ever do anything like that there?

24 A. No, they did not.

25 Q. Okay. All right. I'm going to ask you about some of the

1 other medical assistants that you saw working for Dr. Pompy.  
2 Did -- did you -- did you draw any conclusions or make any  
3 observations about the age of some of the people he had working  
4 for him?

5 A. Yes, I did. There was high school students ages 16 and 17  
6 working in the office.

7 Q. And could you see that they were -- I understand people  
8 sometimes have interns for a day or something. Were these  
9 people interns for a day or were they actually, to your  
10 observation, doing the same job you were?

11 A. They were doing the same job I was doing.

12 Q. Okay. Did that give you any kind of concerns?

13 A. Yes, it did.

14 Q. And why is that?

15 A. Because I thought they were a little too young to be  
16 working in a medical office.

17 Q. Okay. Did you -- did you ask -- did you ever raise that  
18 to Dr. Pompy in terms of these people didn't seem mature enough  
19 to do the job?

20 A. I don't recall.

21 Q. Pardon?

22 A. I don't recall.

23 Q. All right. If -- you were interviewed back in 2017, is  
24 that right, by the State -- at the State Police Post?

25 A. Yes, I was.



1 Q. All right. They actually recorded that interview, if you  
2 recall, correct?

3 A. Yes, that is correct.

4 Q. And they also made a report that kind of summarized it.  
5 Would looking at that report -- you said you didn't recall.  
6 Would looking at that report help refresh your -- possibly help  
7 refresh your memory as to whether you talked to Dr. Pompy about  
8 it?

9 A. Yes, it would.

10 MR. PRATT: Your Honor, may I approach the witness?

11 THE COURT: Yes, mm-hmm.

12 MR. PRATT: And for counsel, it's -- it's labeled  
13 page 5 of 10, paragraph 4.

14 BY MR. PRATT:

15 Q. Don't read this out loud.

16 A. Okay.

17 Q. Just read this fourth paragraph to yourself quietly.

18 (Brief pause)

19 All right. Now, having reviewed that, does that  
20 refresh your memory about whether you specifically talked with  
21 Dr. Pompy about these 16- and 17-year-olds.

22 A. Yes, it does. When I brought it to his attention he told  
23 me, "Don't worry about it, do your job."

24 Q. Okay. Now, in the -- in the office, where did most of the  
25 regular patients, where did they enter the office?

1 A. Through the front door.

2 Q. And when they would come in the front door, what would be  
3 there?

4 A. It would be the waiting room with all of the chairs and  
5 the -- the desk where they would check in.

6 Q. Okay. Were there some patients that avoided the -- that  
7 avoided the -- that avoided the waiting room when they came  
8 into the office that would come in the side door?

9 A. Yes, they would be brought in through the side door.

10 Q. Okay. And if they went in the side door, what would  
11 happen as far as checking in with the receptionist, would they  
12 do that still?

13 A. The receptionist would check them in, and I don't remember  
14 who she gave their paper to.

15 Q. Okay. Did any of the patients in the side door, came in  
16 the side door go someplace different than a regular examining  
17 room?

18 A. Yes. They went into Dr. Pompy's office.

19 Q. Okay. And so when you say Dr. Pompy's office, was that an  
20 exam room or was that a different type of room?

21 A. It was a different room.

22 Q. Can you describe that for us?

23 A. His office was in the hallway down from the reception  
24 desk, and when you would walk in there, his desk was there, his  
25 bookshelves were there.

1 Q. Did it have -- so -- so it's a desk and bookshelf office?

2 A. Yes.

3 Q. It's not like an exam table and --

4 A. No.

5 Q. -- medical equipment office?

6 A. No.

7 Q. Okay. So it's a -- I guess would it be a business -- kind  
8 of like a business office then?

9 A. Yes, that's correct.

10 Q. Okay. And some of these patients that came in the side  
11 door and went in his office, what did you see after they were  
12 in his office?

13 A. When I seen them come out after they'd been in there for  
14 quite a while, they came out with a small brown paper bag the  
15 size of a lunch bag and left the same way they came in.

16 Q. Okay. And you don't know what was in the little brown  
17 paper bags?

18 A. No, I don't.

19 Q. Was this a different protocol? In other words, these --  
20 are these people going through the regular patient protocol  
21 where you sign in and fill out the paperwork and see the MA and  
22 all that or is this just like into the office and out?

23 A. It was into his office and out.

24 Q. And how often did that -- how often did that happen?

25 A. Quite often.

1 Q. Now, do you know, did you recognize any of these patients  
2 or any of these people?

3 A. No, I did not.

4 Q. All right. I'm -- not by persons but by whether or not  
5 they were also patients.

6 A. No, I didn't.

7 Q. Okay. Did you -- did you make a statement regarding your  
8 knowledge of these people previously in the interview?

9 A. Yes, I did.

10 Q. All right. And do you think it would help your testimony  
11 if you were -- if you looked at the report of that interview?

12 A. Yes.

13 MR. PRATT: Your Honor, may I --

14 THE COURT: Yes.

15 MR. DONNINI: You can go ahead, Mr. Pratt, but the  
16 objection is she said she's not sure if they were patients. So  
17 it's not that she's not recalling; she's just saying she  
18 doesn't know if they were patients.

19 MR. PRATT: Your Honor, I think she said that looking  
20 at her report would be helpful, and so whether -- whichever  
21 version it is, I'd like to show it to her.

22 THE COURT: Well, let's ask, if you looked at -- what  
23 is that? That's her statement, a statement that was given --

24 MR. PRATT: It's the interview report from the  
25 recorded interview.

1 THE COURT: Interview report. Would that help you  
2 recall or answer who the patients were.

3 THE WITNESS: Yes, it would.

4 THE COURT: Okay. All right. Good. Go ahead, Mr.  
5 Pratt.

6 BY MR. PRATT:

7 Q. All right. And I'm going to ask you to look at page --  
8 page 5 of 10, paragraph 5.

9 (Brief pause)

10 Okay. And I'm not asking you just to tell us what's  
11 on the paper. I'm asking you to tell us now what you remember,  
12 okay? Do you remember whether these people that were going in  
13 and coming out with the bags were also patients of the  
14 practice?

15 A. They were. And I do remember now that they did come  
16 through the front door on occasion and check in with the  
17 receptionist.

18 Q. Okay. So you had both kinds, people that came to the side  
19 door and in the front door, that would go into his private  
20 office?

21 A. Yes, that is correct.

22 Q. And come out with what?

23 A. A brown paper bag the size of a lunch bag.

24 Q. Okay. Are you familiar with the term pharmacy hopping?

25 A. Yes, I am.

1 Q. What's pharmacy hopping?

2 A. Pharmacy hopping is where a patient gets prescriptions  
3 from different doctors and they go to different pharmacies to  
4 have the prescriptions filled.

5 Q. Okay. So it's both different pharmacies and different  
6 doctors basically?

7 A. That is correct.

8 Q. All right. Did you ever -- did you ever run into some of  
9 those patients while you were working as an MA for Dr. Pompy?

10 A. Yes, I did.

11 Q. How did you -- how did you detect those patients?

12 A. We had received a call from one of the pharmacies in the  
13 area stating that they weren't going to fill a prescription for  
14 a patient, so I entered the patient's name and run a MAPS on  
15 them which tells where they're getting their prescriptions and  
16 who they're getting them from.

17 Q. Okay. And so you had the ability in the course of your  
18 duties to run the MAPS, is that correct?

19 A. Yes, that is correct.

20 Q. And could you explain what run -- what running the MAPS  
21 and what -- what do you get when you run the MAPS?

22 A. When you run a MAPS, it tells exactly what prescriptions  
23 they have, what pharmacies they're using and how many different  
24 prescriptions that they're taking.

25 Q. All right. And this is controlled drugs, right?

1 A. Yes, that is correct.

2 Q. This is the narcotics?

3 A. Yes.

4 Q. All right. And so you got this phone call, you ran the  
5 MAPS, and what did you see, what did you see in the MAPS?

6 A. That there was several different prescriptions for  
7 narcotics from several different doctors.

8 Q. Okay. So having received that, what did you tell the  
9 pharmacy?

10 A. I told them that I would make Dr. Pompy aware of that.

11 Q. Okay. And did, in fact, they not fill -- you tell them  
12 not to fill the prescription?

13 A. I did. I told them do not fill the prescription.

14 Q. All right. Did you discuss that with Dr. Pompy then?

15 A. I did, and he told me he would take care of it, to go do  
16 my job.

17 Q. All right. Was he happy about what you had done?

18 A. No.

19 Q. And what -- whatever happened to that MAPS report, the  
20 pages that showed that there was a problem?

21 A. I don't know what happened to it. I gave it to him and I  
22 don't know what happened to it.

23 Q. All right. So he didn't -- did he give it back to you?  
24 When you say you don't know what happened to it...

25 A. No, I never got it back.

1 Q. So you -- did you enter -- were you able to enter it in  
2 the patient file then?

3 A. I was.

4 Q. And how were you able to do that?

5 A. I put in the information before I gave it to him that I  
6 had run a MAPS on the patient.

7 Q. Okay. But the actual information, the actual pages of the  
8 MAPS, did they find their way into the patient file?

9 A. Not that I know of.

10 Q. Okay. In terms of -- in terms of what we see in our  
11 patient charts, the date of this in the patient charts, who --  
12 who's entering that data, is that going to be Dr. Pompy, is it  
13 going to be you as the MA or is it going to be some kind of  
14 combination?

15 A. It's us as the MA, we enter the information into their  
16 charts.

17 Q. What about Dr. Pompy, what information, if any, would he  
18 put in the chart?

19 A. His findings of the patient.

20 Q. Okay. I'm just trying to get -- trying to get an idea of  
21 what you're going to enter and what he's going to enter.

22 A. We would enter all the patient information, why they were  
23 there, the reason they were there, and later he would enter  
24 what he found or what procedures were -- he ordered for them.

25 Q. All right. I'm going to ask you a particular question.



1 Are you familiar with making an entry -- you familiar with  
2 sometimes patients would have inconsistent or bad urine test  
3 results?

4 A. Yes, I am.

5 Q. Did that happen more than once?

6 A. Yes, it did.

7 Q. How -- how often did that happen?

8 A. Oh, quite often.

9 Q. Okay. And what was the -- what was the document that you  
10 would -- that Dr. Pompy would have when someone had a  
11 inconsistent or wrong drug screen?

12 A. It would be a lab report from the lab that ran the urine  
13 test --

14 Q. All right.

15 A. -- with their findings.

16 Q. All right. So that'd be called what's called a confirming  
17 lab report. There'd also be a screen that was made right at  
18 the office, correct?

19 A. Yes, that is correct.

20 Q. All right. What would he do with the screens that were  
21 made right at the office, how would he use that information?

22 A. He would use them to decide whether to refill a  
23 prescription or not.

24 Q. Okay. And generally speaking, if someone had a urine drug  
25 screen that, for example, had showed they were not taking the

1 drug, would that normally disqualify them from getting a new  
2 prescription?

3 A. Yes, it would.

4 Q. And how would that be noted in the file?

5 A. That there was none of the prescribed medication in their  
6 system.

7 Q. Okay. And so that was a pretty big deal in the patients  
8 you saw?

9 A. Yes.

10 Q. All right. How about the confirming result, the -- the  
11 lab test result, how would he have that, what -- how would that  
12 be given to him?

13 A. It would be laid on the table along with their  
14 prescription and any testing.

15 Q. When he saw a patient, did he have access to the entire  
16 patient file?

17 A. He did through his tablet.

18 Q. Okay. He had an electronic tablet?

19 A. Yes, he did.

20 Q. And what could he -- he could pull up anything you could  
21 on -- only on his tablet?

22 A. Yes.

23 Q. All right. For those quick visits you described earlier,  
24 do you know, did he go through complete prior patient visits on  
25 his tablet?

1 A. No.

2 Q. All right. I'm going to ask you -- I'm going to ask you  
3 what the -- I think you mentioned before but -- so the  
4 paperwork that you're having for Dr. Pompy when someone's there  
5 for a renewal visit, what does that include? He's going to  
6 walk in the room, you're going to hand him what?

7 A. We hand him the paper that they filled out, the reason  
8 they were there. We handed him the printed out prescription  
9 for their visit.

10 Q. Okay. Well, if he hasn't seen the patient yet, how do you  
11 know what prescription he might want to prescribe for them?

12 A. It was automatic for us to print the script for the  
13 refill.

14 Q. Okay. So it was automatic. It was expected that you  
15 would have the same prescription from the previous visit?

16 A. Yes, that's correct.

17 Q. All right. And who established that, who -- who  
18 established that as the way this is how they're expecting  
19 the -- the -- the prescription to be the same as the previous  
20 one, whose policy was that?

21 A. It was Dr. Pompy's.

22 Q. All right. All right. I want to -- I want to address a  
23 situation that's a little bit different, that instead of just a  
24 patient's there just for a refill, they're there wanting an  
25 additional new medication, okay? Did that happen with some

1 patients?

2 A. It did.

3 Q. All right. And if that happened, that happened, what  
4 would Dr. Pompy do?

5 A. He would talk to them and find out what they would want  
6 and then have us write up another -- print another prescription  
7 out for what they wanted.

8 Q. Okay. And when you say he would find out what they want,  
9 do you recall the literal word -- words that he would use to  
10 that kind of patient?

11 A. I do not.

12 Q. Okay. But in any event, he was pretty acceptable to that,  
13 to adding the new prescription?

14 A. Yes.

15 Q. All right. And was there an occasion where you had a  
16 concern about that and said something about it?

17 A. I was.

18 Q. Pardon?

19 A. Yes, I was.

20 Q. All right. What did you tell Dr. Pompy when he was adding  
21 these second -- this second narcotic prescription for a  
22 patient?

23 A. I had told him that that is how my son had got hooked.

24 Q. And I'm -- I'm sorry.

25 And -- and what was Dr. Pompy's response to you when

1 you told him that?

2 A. That I shouldn't have said that in front of the patient.

3 Q. Okay. And did he give you any instructions about how you  
4 should behave in the future?

5 A. That I needed to do my job and not bring up things like  
6 that.

7 Q. All right. Now, you talked about -- you talked about  
8 having these urine drug screens or drug tests that would show  
9 that there was a problem: either the patient maybe was --  
10 had -- had a -- had a street drug in their system or they  
11 didn't have the -- the prescribed medication in their system,  
12 correct?

13 A. Correct.

14 Q. All right. And you would be aware of that before the  
15 patient saw Dr. Pompy, correct?

16 A. I didn't understand your question.

17 Q. Okay. I'm sorry. You would have that information that  
18 this is a bad -- that this -- this person has an inconsistent  
19 urine before Dr. Pompy came in the room to see them?

20 A. Yes, that's correct.

21 Q. All right. Would you print up the -- would you print up  
22 the prescription anyway for him to potentially sign?

23 A. We would.

24 Q. Okay. Let me ask you this. If -- if someone had a bad  
25 drug screen or a -- you know, either they didn't have the drug

1 or they had a street drug in their urine, how many times did  
2 Dr. Pompy discharge them from the practice and say "you're  
3 gone"?

4 A. It would depend on how many times they had a bad drug  
5 screen where it would show street drugs.

6 Q. All right. And how many -- how many patients do you  
7 recall him actually saying "don't -- go away and don't come  
8 back"?

9 A. I do recall of one.

10 Q. Now, did you ever see Dr. Pompy do something that's called  
11 a pill count?

12 A. No, I didn't.

13 Q. Do you know of, either yourself or even heard of, him  
14 calling in a patient -- say a patient has an appointment on  
15 August 1st, they got a month's supply. They're going to come  
16 back on September 1st, okay. Doing a between visit pill count,  
17 like, okay, it's August 15th, "You need to come in and show me  
18 that you've used up half your pills." Ever -- ever hear  
19 anything about that, either see it or hear about it?

20 A. No, I haven't.

21 Q. Are you -- are you familiar with a drug called Subsys?

22 A. Yes, I am.

23 Q. What -- what was -- what happened with Subsys in Dr.  
24 Pompy's office? That's a terrible question. I'm sorry.

25 Was Subsys a different drug than some of the other

1 drugs that Dr. Pompy prescribed?

2 A. Yes, it was.

3 Q. Can you explain how it was different?

4 A. Subsys was used for cancer patients.

5 Q. Okay.

6 A. Help them with the pain.

7 Q. All right. Was this the drug that had any -- were there  
8 any representatives from the company for that drug that  
9 appeared in the office?

10 A. Yes, there was a representative. She came in, she had  
11 bought us lunch, and I got to briefly talk to her about Subsys.

12 Q. Okay. And it was your understanding that -- that this  
13 drug was going to patients for cancer pain?

14 A. Yes, that's correct.

15 Q. Was there any time in Dr. Pompy's office where you had  
16 information that patients were selling their medications?

17 A. Yes. I had walked out into the waiting room to call a  
18 patient and overheard two patients saying that they hurried --  
19 hoped they would hurry up and get their prescriptions so they  
20 could sell them 'cuz they needed the money.

21 Q. Okay. And so when you see two patients right in front of  
22 you having that conversation, what did you do with that  
23 information?

24 A. I took it back to Dr. Pompy.

25 Q. Okay. And what did you tell Dr. Pompy?

1 A. I told him that there was a couple of patients sitting in  
2 the waiting room that were talking about selling their  
3 prescriptions, and he told me he would handle it.

4 Q. Okay. You could -- because you saw them, you could  
5 identify which patients they were, correct?

6 A. That is correct.

7 Q. All right. Did the patients get their medications anyway?

8 A. Yes, they did.

9 Q. Now, in terms of your payment, what was your -- what was  
10 your regular compensation, if you remember, on an hourly basis?

11 A. I want to say it was 9.50 an hour.

12 Q. 9.50?

13 A. Yes.

14 Q. Okay. Was there a possibility or did you, in fact,  
15 receive bonuses on occasion?

16 A. Only if we saw about 800 patients a day, then there would  
17 be bonuses.

18 Q. A day or a week?

19 A. I want to say a week.

20 Q. Yeah. Okay. So if you hit 800 a week, you get what?

21 A. I believe it was 2 or 250 for the bonus.

22 Q. Okay. Let me ask you, I think you testified you -- you  
23 remembered the day that the officers came and executed the  
24 search warrant, correct?

25 A. I do.



1 Q. All right. What -- what happened, what happened after  
2 that? Did you have -- did you continue to have contact with  
3 Dr. Pompy after the search warrant, after the -- after the main  
4 office was closed down?

5 A. I sure did.

6 Q. Okay. How -- what contact was that, what did you do?

7 A. I went over to the clinic to help out, and after I helped  
8 out for one day, I received a text message from Diana Knight  
9 told -- telling me that I was no longer an employee.

10 Q. So you were fired by text message?

11 A. Yes, I was.

12 Q. Were you given a reason as to why you were being fired?

13 A. She had told me that I was fired because I talked to  
14 Lieutenant Moore.

15 Q. In other words, you talked to one of the investigating  
16 officers?

17 A. Yes.

18 Q. Now, before you got fired for talking to Lieutenant Moore,  
19 did you see an individual have a conversation with Dr. Pompy  
20 about a truck?

21 A. Yes, I did.

22 Q. Tell us, where were you when you happened -- where were  
23 you when you saw this take place?

24 A. I was just coming into the clinic and they were in the  
25 hallway, and he had told him, he said, "Here's the keys to my

1 truck if you need some way to get around while this is going  
2 on."

3 Q. Okay. So this is -- when you say the clinic, you're  
4 talking about the Stewart Road -- the Interventional --

5 A. Yes, I am talking about the Stewart Road location.

6 Q. Right. And so -- so -- so he's giving him keys to a truck  
7 so Dr. Pompy can have transportation while all this is  
8 happening?

9 A. Yes, that's correct.

10 Q. And what did Dr. Pompy do when he was given this trans --  
11 the keys for transportation?

12 A. He took the transportation.

13 Q. All right. Did he do anything for this individual, did he  
14 do anything back in exchange?

15 A. I know he gave him his prescription.

16 Q. Okay. When you say he gave him a prescription, do you  
17 know what it was for?

18 A. I want to say Norcos.

19 Q. Okay. If -- you want to say. You sound like -- you sound  
20 like you're not as sure about that as some other things.

21 If you looked at the report of your statement from  
22 five years ago, would that make you a little bit sure about  
23 what drug he wrote?

24 A. Yes, it would.

25 MR. PRATT: Your Honor, permission to approach the

1 witness, Your Honor.

2 THE COURT: Yes, continuing permission. Go right  
3 ahead.

4 Q. Look at paragraph 5 on page 7.

5 (Brief pause)

6 All right. Does that little -- make you a little bit  
7 sure about what drug Dr. Pompy wrote for the man that gave him  
8 the keys to his truck.

9 A. Yes, it was OxyContin.

10 Q. Was that a drug that was typically prescribed to most of  
11 Dr. Pompy's patients?

12 A. Yes, it was.

13 Q. Let me ask you this. Did Dr. Pompy ever say anything to  
14 you at any time that he had any kind of concern about being  
15 investigated?

16 A. He got real nervous two weeks before the raid and he was  
17 saying that things weren't being done right, things weren't  
18 being entered right, and he was real nervous.

19 Q. And by entered right, you mean what?

20 A. That the charting wasn't done right, the information for  
21 the patients wasn't entered right.

22 Q. Okay. And what did he say, what -- when you say he was  
23 nervous, what was he concerned about?

24 A. He was concerned about getting into trouble.

25 Q. And he said that -- he said that directly -- he said that

1 in your hearing, he said that to you?

2 A. Yes.

3 MR. PRATT: Could I have one moment, Your Honor?

4 THE COURT: Yep.

5 (Brief pause)

6 MR. PRATT: All right. Thank you, Your Honor. I  
7 have no further questions.

8 (Excerpt 3 concluded at 11:38 a.m.)

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1           Excerpt 4:

2           (Proceedings in progress at 1:45 p.m., all parties  
3           present, jury present)

4           THE COURT: The government lawyer is going to  
5           complete a brief redirect of this witness. And you should all  
6           know that the Court took about three and a half minutes to tell  
7           the jury an entertaining joke and kill some time but that at  
8           least one of the jurors already knew the punch line before we  
9           got to it, all right?

10          Okay. Go ahead, Mr. Pratt.

11                               REDIRECT EXAMINATION

12       BY MR. PRATT:

13       Q. All right. Ms. Beeler, you were asked questions on  
14       cross-examination about the conversation you heard between the  
15       two women in Dr. Pompy's office, correct?

16       A. Yes, that's correct.

17       Q. All right. And you -- apparently you had -- at one point  
18       you remembered it as selling to each other and one point it's  
19       like, well, they were both going to sell to someone else,  
20       right?

21       A. Correct.

22       Q. All right. Do you have any doubt that there was an actual  
23       conversation about selling pills?

24       A. No, I don't.

25       Q. All right. And, of course, the thing which I think was on

1 the interview but was quickly cut off, after you were asked in  
2 the recorded interview about the conversation, were you asked  
3 in the interview about whether you told Dr. Pompy?

4 A. Yes, I did.

5 Q. All right. And you told that -- you said that back in  
6 2017, right?

7 A. Yes. I did.

8 Q. And you said it today?

9 A. Yes, I did.

10 Q. Is that a detail that was important enough for you to  
11 really remember?

12 A. No.

13 Q. No, I'm talking about the talking with Dr. Pompy part.

14 A. Yes.

15 Q. All right. All right. And when you told this man that  
16 these women are having a conversation about selling pills, what  
17 was his response?

18 A. He told me he would take care of it.

19 Q. And then what did he do with the prescriptions?

20 A. He gave them their prescriptions.

21 Q. And even though it's been a lot of years, you feel like  
22 you have a good memory on that point?

23 A. Yes, I do.

24 MR. PRATT: Thank you, Your Honor. I have nothing  
25 further.

1 THE COURT: Okay. Thank you very much, Mr. Pratt.

2 Do you want to follow up at all on any of that?

3 MR. DONNINI: No, Your Honor. Thank you.

4 THE COURT: All right. Thank you. All right, Ms.

5 Beeler's your testimony's complete. You may step down and be

6 on your way. Thank you for coming to see us today. Get home

7 safely and you are discharged now from your witness

8 obligations. Okay.

9 (Witness excused at 1:48 p.m.)

10 (Excerpt 4 concluded)

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C E R T I F I C A T I O N

I, Linda M. Cavanagh, Official Court Reporter of the United States District Court, Eastern District of Michigan, appointed pursuant to the provisions of Title 28, United States Code, Section 753, do hereby certify that the foregoing pages 1 through 72 comprise full, true and correct excerpts of proceedings taken in the matter of United States of America vs. Lesly Pompy, Case No. 18-20454, on Tuesday, November 29, 2022.

s/Linda M. Cavanagh  
Linda M. Cavanagh, CRR, RMR, RDR, CRC  
Federal Official Court Reporter  
United States District Court  
Eastern District of Michigan

Date: December 5, 2022  
Detroit, Michigan